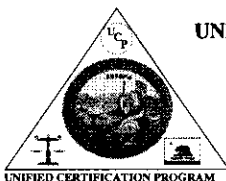


**CALIFORNIA  
UNIFIED CERTIFICATION PROGRAM**

**DBE  
RENEWAL  
APPLICATION**



**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et. seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the IPA Officer.

1. NAME OF FIRM		2. FILE NUMBER	
FIRM'S ADDRESS (Physical)		CITY	STATE      ZIP CODE
FIRM'S ADDRESS (Mailing)		CITY	STATE      ZIP CODE
3. MAJORITY OWNER(S)	4. BUSINESS PHONE	BUSINESS FAX	
5. IS THE BUSINESS STREET ADDRESS OR PHONE NUMBER THE SAME AS THE RESIDENCE?		YES	NO
6. HAS THE OWNERSHIP OR CONTROL OF THE COMPANY CHANGED?		YES	NO
If Yes, please call the phone number below to obtain a complete Certification Application or access Caltrans' Internet Address at: <a href="http://www.dot.ca.gov/hq/bep">www.dot.ca.gov/hq/bep</a> to download the application.			
7. NAME OF LICENSEE		LICENSE NUMBER - PLEASE SUBMIT COPY OF CURRENT LICENSE(S)	
8. INDICATE THE COMPANY'S GROSS RECEIPTS FOR THE LAST YEAR:		YEAR ENDING	
		\$	
9. NUMBER OF CURRENT EMPLOYEES:		FULL TIME	PART TIME
10. DOES THE COMPANY SHARE SPACE, EMPLOYEES, EQUIPMENT OR FINANCING WITH ANY OTHER COMPANY?		YES	NO      IF YES, EXPLAIN IN A SEPARATE ATTACHMENT
11. HAVE THE OFFICEHOLDERS OF THE COMPANY CHANGED?		YES	NO      IF YES, EXPLAIN IN A SEPARATE ATTACHMENT
12. HAS THE BOARD OF DIRECTORS CHANGED?		NAME OF CHAIRMAN	
YES      NO			
13. Are you currently certified with any other agencies as a DBE?		YES	NO      If yes, attach copy(ies) of certificate(s)
14. SUBMIT THE FOLLOWING DOCUMENTS FOR: (Failure to submit documents requested with this application may result in the expiration of your certification)			
SOLE PROPRIETOR:      MOST RECENTLY FILED 1040 TAX FORM WITH ALL SCHEDULES			
PARTNERSHIP:      1) MOST RECENTLY FILED 1065 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
CORPORATION:      1) MOST RECENTLY FILED 1120 TAX FORM; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
LIMITED LIABILITY CO.      1) MOST RECENTLY FILED 1065/1120 TAX FORMS; 2) MOST RECENTLY FILED 1040 TAX FORMS WITH ALL SCHEDULES; & 3) MINUTES			
15. The undersigned swears, under perjury, that the foregoing statements are true and correct and further states that he/she is properly authorized by,			
Name of Firm		, to execute the affidavit and does so as his/her free act and deed.	
PRINTED NAME		SIGNATURE	
TITLE		DATE	
<b>NOTARY</b>			
The foregoing affidavit was subscribed and sworn to me before me on this _____ day of _____, _____ by			
NAME			
NOTARY PUBLIC		COMMISSION EXPIRES	

Mail completed application and supporting documentation to:

NOTARY PUBLIC SEAL

DEPARTMENT OF TRANSPORTATION  
CIVIL RIGHTS- 79  
1823 14<sup>TH</sup> STREET  
SACRAMENTO, CA 95814

Should you have any questions, please call 916 324-1700



# PERSONAL FINANCIAL STATEMENT

CALIFORNIA UNIFIED CERTIFICATION PROGRAM

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for each owner applying for DBE qualification (i.e., for each owner claiming to be socially and economically disadvantaged).

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks .....	\$		Accounts Payable .....	\$	
Savings Accounts .....	\$		Notes Payable to Banks and Others .....	\$	
IRA or Other Retirement Account .....	\$		(Describe in Section 2)		
Accounts & Notes Receivable .....	\$		Installment Account (Auto) .....	\$	
Life Insurance-Cash Surrender Value Only .....	\$		Mo. Payments \$		
(Complete Section 8)			Installment Account (Other) .....	\$	
Stocks and Bonds .....	\$		Mo. Payments \$		
(Describe in Section 3)			Loan on Life Insurance .....	\$	
Real Estate .....	\$		Mortgages on Real Estate .....	\$	
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value .....	\$		Unpaid Taxes .....	\$	
Other Personal Property .....	\$		(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities .....	\$	
Other Assets .....	\$		(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities .....	\$	
Total	\$		Net Worth .....	\$	
			Total	\$	

Section 1. Source of Income		Contingent Liabilities	
Salary .....	\$	As Endorser or Co-Maker .....	\$
Net Investment Income .....	\$	Legal Claims & Judgments .....	\$
Real Estate Income .....	\$	Provision for Federal Income Tax .....	\$
Other Income (Describe below)* .....	\$	Other Special Debt .....	\$

Description of Other Income in Section 1.


\*Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

<b>Section 3. Stocks and Bonds.</b> (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

<b>Section 4. Real Estate Owned.</b> (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

<b>Section 5. Other Personal Property and Other Assets.</b>	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

<b>Section 6.</b>	<b>Unpaid Taxes.</b>	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

<b>Section 7.</b>	<b>Other Liabilities.</b>	(Describe in detail.)

<b>Section 8.</b>	<b>Life Insurance Held.</b>	(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize member agencies of the California Unified Certification Program (CUCP) to make inquiries as necessary to verify the accuracy of the statements made and to determine my financial status. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining eligibility to participate in the U.S. Department of Transportation Disadvantaged Business Enterprise (DBE) program. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

**PLEASE NOTE:** This form was adapted from SBA Form 413(3-00)[OMB APPROVAL NO. 3245-0188, EXPIRATION DATE: 11/30/2004] pursuant to 49 Code of Federal Regulations Part 26, as amended. In accordance with SBA form 413 the estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

## PERSONAL FINANCIAL STATEMENT NOTARY ACKNOWLEDGEMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within Affidavit, and acknowledged that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument, the person(s) executed the instrument.

WITNESS my hand and Official Seal.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Typed or Printed)